

PARTICIPANT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

PLEASE READ BEFORE SIGNING Cascade PaddleSports

Participant Name (please print clearly)***One Person per Form***	First		Last
Street			
City		State	Zip
Home Phone ()		Alt Phone	()
*** How did you hear about us?			
*** E-Mail Address for Newsletter			
For what's happening at Cascade, anno			
In consideration of being allowed to participundersigned, acknowledge, appreciate, and		in paddiesports, i	elated events and activities, I the
 chill and/or dizziness, (6) equipment far permanent paralysis and death. 2. 2. I KNOWINGLY AND FREELY ASSUTHE NEGLIGENCE OF THE RELEASES. 3. 3. I willingly agree to comply with term during my presence or participation, I varies official immediately. 4. 4. I, for myself and on behalf of my heir INDEMNIFY, AND HOLD HARMLESS City of Redmond, US Department of Ir employees, other participants, sponsors conduct the event (RELEASEES), from a any INJURY, DISABILITY OR DEATH permitted by law. 	capsizing, (3) vary ability to swim, fol s, which may resu ailure, (7) the prese UME ALL SUCH REES or others, and as and conditions fawill remove mysel as, assigns, personals Cascade Canoe & Staterior, USA Canoes, advertisers, and, any and all claims, I may suffer, or lo	ring wind and temp low directions, mai lt in hypothermia, sence of insects and research for participation. If I from participation al representatives and Kayak Centers, In e/Kayak and their of if applicable, owner, demands, losses, ass or damage to per	peratures, including inclement weather intain my balance, and operate the sunburn, sunstroke, dehydration, fatigue, marine life and (8) the potential for and unknown, EVEN IF ARISING FROM sibility for my participation. If observe any unusual significant hazard in and bring such to the attention of the and next of kin, HEREBY RELEASE, inc., City of Bellevue, The Mountaineers, officers, officials, agents and/or ers and lessors of premises used to and liability arising out of or related to rson or property, to the fullest extent
I HAVE READ THIS RELEASE OF LIABII UNDERSTAND ITS TERMS, UNDERSTA SIGNING IT, AND SIGN IT FREELY AND	AND THAT I H	AVE GIVEN UP	SUBSTANTIAL RIGHTS BY
/ / 2014 X			
Date Participant's	 Signature		Age
FOR PARENTS/GUARDIANS	OF PARTICIP.	ANT OF MINOR	AGE (UNDER AGE 18)
This is to certify that I, as parent/guardian with release as provided above of all the Releasees, ar indemnify and hold harmless the Releasees from participation in these programs as provided above.	nd, for myself, my n any and all liabil	heirs, assigns, and ity incidents to my	next of kin, I release and agree to minor child's involvement or
Parent/Guardian Name (please print of	clearly)		
	First		Last
X	/	/)
Parent/Guardian Signature	Date		ergency Phone Number